



COMPANY PROFILE

1. Company: _____
2. Address: _____
3. City/St/Zip: _____
- State: _____ Zip Code: _____
4. Ownership: Private _____ Public _____ Stock Symbol _____
5. Year Incorporated: _____
6. Phone Number _____ Toll-free: _____
7. Fax Number _____
8. Website: _____
9. If your company is CERTIFIED as a historically underutilized or minority business, please check the appropriate category or categories (check all that apply):

Disabled Owned Business

Minority Owned Business

Services Disabled Owned Business

Small HUB Zone Business

Veteran Owned Business

Woman Owned Business

10. Top Three Company Employees:

Name	Title	Years with Company
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. If we enter into an agreement with your company, our contact person who is not an outside consultant would be:

_____	_____
Name	Title
_____	_____
Email	Phone

12. How do you sell/market your products? (List all that apply)

"Direct" Sales Reps _____% Telemarketing _____% Direct Mail _____%
Independent Sales Reps _____% Distributors _____%

13. What percentage of your sales are Direct _____% through Distribution _____%**14. If applicable, name the major distributors you work with:**

15. On a separate sheet – Briefly describe your current healthcare marketing plan. Include how you promote and sell your products and how your products drive down costs within the context of protecting high quality care.**16. Please attach a list of your reps and a brief description of how you communicate with them.****17. Do you have inside sales reps? _____ If yes, how many? _____****18. Who / what do you consider your major competition? Please List.**

19. To which user group(s) do you sell your products? (List all that apply.)

Hospital _____% Surgery Center _____% Imaging Center _____%

Long Term Care _____% Other _____% Describe _____

20. Do you have contracts with other national group purchasing organizations (GPOs)?

21. If awarded a contract, you will be required to capture and report sales to MAGNET GROUP GPO with MAGNET GROUP GPO Facility #, Facility Name, Address, Sales per Facility and Administrative Fee per Total Sales. Please attach a sample report from your system.**22. Name, title, email and phone number of person that completed this form:**

Name

Title

Email

Phone**23. Brief description of your product/service:**